

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		6				
2							52	1					
3							53		1				
4							54		1				
5							55		1				
6							56		2				
7							57	1		24			
8							58		1				
9							59	1					
10							60	1					
11							61		1				
12							62		1				
13							63		1				
14							64		1				
15							65		2				
16							66	1					
17							67		1				
18		2					68		1				
19	1						69		1				
20							70		2				
21							71	1					
22				50			72		1				
23							73						
24							74						
25	1						75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35				16			85						
36							86						
37	1						87						
38							88						
39							89						
40							90						
41		5		27			91						
42	1						92						
43	1						93						
44							94						
45							95						
46							96						
47							97						
48	1						98						
49							99						
50							100						
TOTAL IND.	13						TOTAL IND.						
TOTAL DEP.	23						TOTAL DEP.						
TOTAL CLAIMS	106						TOTAL CLAIMS						